HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last,	First,	Middle)
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CATALUNA, Donald Bruce

STATE POSITION HELD: (Dept/Div or Board/Commission)

Prustee for Kana: INihax Office of Hawaiian Aftairs

TERM OF OFFICE (Begin/End):

2000 /2008

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	St. of Hawaii - Of. of Hawaiian Attairs	D	Trustee, OHA
F	New York Life	c	ponsion
F	St. of Hawaii - Of. of Hawaiian Affairs New York Life American General Annuity Social Security 11	c	
	Social Security	c	benefit
F Sp	11		
) 5T	Kilanea Home	e	rental
F	Kilanea Home Brewer Environmental	B	insurance
[]Check he	[]Check here if entry is None []Check here if additional sheets are atta		

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

BUSINESS NAME AND ADDRESS NATURE OF BUSINESS NATURE OF INTEREST VALUE OR NO.				
BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES	
Wailukn Water Co	water company	Stockholder	500 Shares	
	BUSINESS NAME AND ADDRESS	BUSINESS NAME AND ADDRESS NATURE OF BUSINESS	BUSINESS NAME AND ADDRESS NATURE OF BUSINESS NATURE OF INTEREST	

]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNE PERIO	ERSHIP OR BENEFICIAL INTEREST TRA	DATE OF TRANSFER		
	İ		,		
			is the of		
			,		
[v]Ched	ck here	if entry is None]Check here if addition	al sheets are attached
List the na	ame of e	ITEM ach creditor to whom the value of \$3,000 or anding. Exclude debts from retail installmo	# 4: CREDITORS or more was owed during ent transactions for the	ng the disclosure period and purchase of consumer goo	d the original amount ds.
F,SP, DC,JT	NAME	OF CREDITOR		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
27	0 110	K at Hawaii		E	D .
					,
JT		nk of Hawaii			
	90				F
[]Che	ck here	if entry is None		Check here if addition	al sheets are attached
List every	officers	ITEM 5: OFFICERSHIPS hip, directorship, trusteeship, or other fidule term of office, and the annual compensation	ciary relationship held d	TRUSTEESHIPS uring the disclosure period	in any business or
F,SP, DC,JT		AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
[▼]Che	ck here	if entry is None		[]Check here if addition	nal sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
TT	4497 Malulani St. Kilaneg Kanai, HI 96754	5-2-009-013	I
()Cha	ck here if entry is None	Check here if additional	

ck nere it entry is None

]Check here if additional sheets are attached

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION	
37	1970 Hanalima St D-204 Lime, HT 96766	14	MALIA CATALUNA	
	3-3-003-028-0040			

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED. EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX N NUMBER (IF TAX MAP KEY NU	
•		
i		

[]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT

NAME OF STATE AGENCY

NAME OF CLIENT	NAME OF	STATE AGENCY
/		
1Check here if entry is None		[]Check here if additional sheets are atta

√]Check here if entry is None

[]Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			STATE OF HAWAII STATE ETHICS COMMISSION	
Check here if entry is None []Check here if additional sheets are attached				

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

5-9-06

DATE